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Nurse Corps News

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Director's Message: Strategic Planning



Greetings, nursing leaders! In September, the Nurse Corps had our annual Strategic Planning Meeting. The theme was "Transformational Leadership in a Time of Change." We had the pleasure of hearing from two exceptional guest speakers. The first was Dr. Mike Malanoski, Executive Director for the Bureau of Medicine and Surgery (BUMED), who spoke to us about the future of Navy Medicine in light of National Defense Authorization Acts 2017, 2018, and 2019. The second was CAPT Rick Freedman, who is the lead for the Navy Medicine Transition work stream at BUMED. Both speakers provided tremendous insight into the direction of Navy Medicine, the construct of the Navy Medicine Readiness and Training Commands, and how the Nurse Corps will lead during this time of change. Thanks to both!

I want to thank all of you who participated in the FY18 Strategic Teams. During the past year, so much work was done and some truly significant accomplishments made. I am continuously impressed with the talent of our Corps. The [4th Quarter briefs summarizing FY18 goals and outcomes](#) are posted on milSuite and I encourage you all to review.

Our Senior Nurse Executives, building on our previous work, developed an aggressive [Strategic Plan for FY19](#). We will continue to work on inculcating the Navy Nursing Professional Practice Model into our day to day lives. Since [Transformational Leadership](#) is so important to the continued success of our Nurse Corps, efforts to develop coaching skills in our Corps will be a focus this year. Finally, we will work to make the Nurse Corps 95% deployment ready by 2020. This includes the development of a reporting mechanism to track our Individual Medical Readiness, platform training, competency completion, and other critical



Tina Davidson, RDML, NC, USN

Director, Navy Nurse Corps

indicators (see article on page 3 for more details!) These objectives, and the initiatives that fall under them, are critical to our continued success.

This is a time of considerable change, and our current and previous strategic planning efforts have positioned us well, but there is still much work to do. I encourage you to visit milSuite to review the details of this work, and follow along during the year to track our progress.~



Use these icons on each page to find the Nurse Corps milSuite site or email the News team!
You can also find the [Nurse News Team](#) on milSuite.





Mary Riggs, RADM, NC

**Deputy Director,
Reserve Component**

How do we inspire our Nurse Corps leaders to cultivate a culture of transformational leadership when there is ambiguity in our current environment?

During the September 2018 Strategic Planning Meeting for the Navy Nurse Corps, the mainstays of our Professional Practice Model were the topics on the forefront: Operational Readiness/Jointness, Professional Development, and Transformational Leadership. Of these, Transformational Leadership was the overarching theme for the meeting. The challenges posed by Dr. Malanowski, Executive Director, Bureau of Medicine and Surgery, to the Nurse Corps leaders during the conference was to know “what Navy nurses do that no one else does” and to “not apply present paradigms to future state.”

The burning question is this: How do we cultivate transformational leadership in our Corps during a time of ambiguity,

a time when the future is uncertain? Well, the opposite of ambiguity is clarity and the best mode of leadership now is focusing on what we do know for certain. What we can promote is our history and how much Navy Nurses have contributed to all aspects of Navy Medicine worldwide by being clinically ready and engaged to provide the best care. We need to ensure our skills do not decline because we know the price of this. We have fantastic junior officers who are hungry to make the Nurse Corps the best it can be. We need to listen to them. During the meeting, some of our astute interns pointed out that the opportunity to be engaged in strategic planning was not very available to junior officers. They

pointed out that being exposed to the global picture allowed them to improve their ability to transition from a tactical to a strategic mindset. Nurse leaders need to keep this in mind and to be transparent about goals, to be open to suggestions from ALL officers, no matter the rank. Some of the best ideas come from those working on the frontline. We are all leaders at every rank, with more responsibility added on as we promote. To be a transformational leader means engaging, listening, and being a part of the transition. We don't know where we will be after the change, but, if we focus together on the unique relevance of the Navy Nurse Corps, we might like our new view when the dust settles!~

Congratulations, Rear Admiral Upper Half Riggs!

Mary C. Riggs, Director, Research and Development Directorate (J-9), Defense Health Agency was promoted to Rear Admiral Upper Half on Friday, October 5, 2018, at the Defense Health Headquarters (DHA). Ceremonies were officiated by **Vice Admiral Raquel Bono**, DHA Director, and **Vice Admiral C. Forrest Faison, III**, Surgeon General and Chief, Bureau of Medicine and Surgery (BUMED). Family, friends, and BUMED and DHA staff were present to mark the occasion. In addition to her duties at DHA, RADM Riggs serves as Commander, Reserve Component Expeditionary Medicine; Deputy Director, Navy Nurse Corps; and Deputy Commanding General, Army Medical Research and Materiel Command, Fort Detrick, MD.



RADM Mary C. Riggs (right), Director, Research and Development Directorate, DHA, receives her rank insignia from Vice Admiral C. Forrest Faison, III, Surgeon General and Chief, BUMED (left), during her promotion ceremony on Friday, Oct. 5, 2018 at the Defense Health Headquarters, Falls Church, VA. (Photo by Hannah Wagner/Released)



Strategic Planning: Readiness and Transformational Leadership

Jamie Goggins, CDR, NC

Director, Requirements & Capability Management, BUMED



The Navy Nurse Corps FY19 Strategic Planning Meeting convened September 11-14, 2018, in Bethesda, MD, at Naval Support Activity Bethesda. During this annual meeting, senior Nurse Corps leaders reviewed the Nurse Corps' current state and identified new objectives that align with the [Chief of Naval Operation's Maritime Strategy](#) and Navy Medicine Commander's Guidance.

"Transformational Leadership" was the overarching theme for this year's meeting. According to James MacGregor Burns (as cited in [Renjith & George, 2015](#)), an authority on leadership studies, transformational leadership is "*a process by which leaders raise the aspirations and motivations of others to higher levels by appealing to higher ideals and values*" (p. 113). Peter G. Northouse (also cited in [Renjith & George, 2015](#)), defined transformational leadership as "*the style of leadership in which the leader identifies the needed change, creates a vision to guide the change through inspiration, and executes the change with the commitment of the members of the group*" (p. 113).

We are in a time of unprecedented change within the Military Health System, and today's leaders must successfully navigate through uncharted territory to meet Congressional mandates. **RDML Tina Davidson**

and **RADM Mary Riggs** set the stage for the planning session by reminding the group of what Transformational Leadership in the Navy Nurse Corps is, and how we must leverage this tenet of our Navy Nursing Professional Practice Model to meet the mission of being a ready medical force supporting a medically ready force.

On the first day of the meeting, Dr. Michael Malanoski, Executive Director, Navy Bureau of Medicine and Surgery, a Navy veteran and physician, briefed the Senior Nurse Corps Leadership Team on the transition of the Military Treatment Facilities' administration and management control from the Services to the Defense Health Agency. During his talk, he challenged nursing leaders to know "what Navy nurses do that no one else does," and to "not apply present paradigms to future state." On day two, CAPT Rick Freedman, leader of the Navy Medicine Transition team, updated the entire group on the Navy

Medicine Readiness and Training Command construct, and how nursing leadership will be pivotal in ensuring a successful transition.

Over the intense three-day planning session, nursing leaders outlined strategic objectives and initiatives and developed the [Navy NC FY19 Strategic Plan](#). Assisting this dynamic group of nursing leaders were five Nurse Corps interns (*see their perspective on page 4*) who were competitively selected within the National Capital Region to provide administrative support and deckplate input. Their contributions were a reminder that transformational leadership occurs at every level, and we must be mindful to value and support the input and practices of all Navy nurses throughout the organization.

The strategic planning meeting proved to be a time of renewal and commitment to the Readiness Mission that will be met through Transformational Leadership.~



Navy NC FY19 Strategic Plan



OBJECTIVES	INITIATIVES
Operational Readiness/Jointness Objective: Achieve 95% readiness of BSO-18 Navy nurses to meet mission platform requirements by 01 September 2020.	1. Define the critical elements of a Nurse Corps ready medical force by 01 February 2019. 2. Educate 100% of Senior Nurse Corps leaders on essential components of a ready Nurse Corps force by 01 September 2019. 3. Design a dashboard to capture Nurse Corps readiness metrics by 01 September 2019.
Professional Development Objective: Achieve 100% application of the Navy Nursing Professional Practice Model across Navy nursing by 01 September 2020.	1. Achieve 100% submission from Senior Nurse Corps leaders of a product that exemplifies junior officer (O1-O4) implementation of the Navy Nursing Professional Practice Model by 30 April 2019. 2. Complete a pilot test of the Shared Governance Structure at four BSO-18 MTFs by 31 July 2019.
Transformational Leadership Objective: Cultivate leadership development across Navy nursing to meet mission requirements in a changing environment by 01 September 2019.	1. Increase mlSuite use of the Navy Leadership Library by 25% by 01 September 2019. 2. Implement one coaching technique in each BSO-18 site by 01 September 2019.

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The Nurse Corps Interns of the Strategic Planning Meeting

Koa Thomas, LCDR, NC

Fort Belvoir Community Hospital

A Nurse Corps Intern is a junior Nurse Corps Officer who assists in the coordination and execution of strategic planning events, and provides insight from the deckplate to Active and Reserve Component Nurse Corps leaders.

Two overarching themes highlighted by Nurse Corps senior leaders were Readiness and Transformational Leadership, as defined in our Navy Nursing Professional Practice Model (PPM). *"The importance of how readiness and transformational leadership affects the other was brought to light throughout the conference."* **LT Kenneth Argoncillo, NHC Quantico.**

As junior officers, we do not always get the chance to observe strategic planning in real time, and it can be a challenge to transition from a tactical to a strategic mindset. However, being a Nurse Corps Intern allows you to *"take a step back and see the Navy Nurse Corps as the big picture it is."* **LT Daniel Solomon, Fort Belvoir Community Hospital (FBCH).**

One of the privileges we had during the strategic planning meeting was the ability to share



Nurse Corps Interns at Navy Nurse Corps Strategic Planning Meeting; Pictured (Left to Right) LCDR Koa Thomas, LTJG Andrew Greene, LT Kenneth Argoncillo, LT Daniel Solomon, and LCDR Kelly Ricketts. (Photo taken 13 September 2018 by CDR Melissa Troncoso/Released)

our feedback with our senior leadership. *"Having this opportunity to collaborate and share ideas is one of the reasons why a Junior Officer should consider being an intern."* **LT Argoncillo.**

Throughout the planning meeting, our opinions were appreciated and valued as we worked side-by-side with our senior leaders in formulating the objectives and initiatives for the next fiscal year. *"My eyes were opened and I rediscovered my excitement for big picture strategy goals of Operational Readiness/Jointness, Transformational Leadership, Professional Development, and how I can utilize the professional practice*

model at my facility" **LTJG Andrew Greene, WRNNMC.**

Attending the planning meeting allowed us to gain knowledge from various nursing leaders and other experts throughout Navy Medicine. *"After this experience, I am motivated to return to my command and share the vision and goals we discussed with the rest of the Nurse Corps Officers. I definitely increased the tools I will use in mentoring."* **LCDR Kelly Ricketts, FBCH.**

We are extremely thankful for the invaluable lessons we are now equipped with, and look forward to engaging in the progression of our Navy Nurse Corps.~

LEADERSHIP NUGGETS

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NCNEWS-REQUEST

"It is your character, and your character alone, that will make your life happy or unhappy." **John McCain**

"The only thing worse than training your people and have them leave is not training them and have them stay." **Henry Ford**

"Mentors should focus on improvement. A good mentor will push a little bit-can you shoulder more responsibility? A good mentor can create a productive level of stress. A good mentor will help you succeed even though there is stress. Are you a mentor? Who have you pushed a little this week?" **E. A. Montcalm-Smith, CAPT, MSC, USN**



Leveraging the Multifaceted Specialty Leader Position



Carol Hurley, CAPT, NC

Nurse Corps Policy & Practice

One of my favorite functions as the Assistant Director for Nurse Corps Policy and Practice is serving as an advisor to our [Nurse Corps Specialty Leaders](#). It's gratifying to work with these exceptionally talented and dedicated officers who are committed to supporting and mentoring the nurses in their community and serving as change agents for their nursing specialty. After working with this group over the past year, I have come to appreciate the breadth of this multifaceted position and the many opportunities to leverage this position for the strategic success of the NC and Navy Medicine. As we move forward in the reshaping of military medicine and integrate the healthcare delivery system, we will look to our specialty leaders to guide their communities' collective approach to achieve best practices, standardization, and relevancy in meeting the needs of the warfighter and our patients.

Our Navy NC Specialty Leader

team consists of 16 primary and 16 assistant specialty leaders who manage 20 nursing communities. Guided by [BUMEDINST 5420-12F](#), *Role and Responsibilities related to Medical Department Specialty Leaders*, they receive direction from and report to the BUMED Chief, via the Corps Chief, and are appointed to serve a three-year term. As this is a leadership position which interfaces with many senior leaders within Navy Medicine, the position requires a stellar officer with exceptional leadership and clinical acumen, effective organizational and communication skills, and a history of active engagement within the respective community. I would also note that this position often requires a significant commitment of time in order to successfully execute all requirements.

As expert consultants, specialty leaders work in close partnership with their counterparts in other Navy Medicine Corps, other military services, federal agencies, and civilian enterprises. They make recommendations to the Office of the Corps Chiefs for specialty-specific accessions, programs, billets, and personnel. They must maintain expert knowledge of operational requirements and platform readiness standards for the specialty in order to make recommendations on deployments, temporary duty coverage requests, and assignments of personnel. In support of Navy Recruiting Command, they provide critical analysis of recruiting documents and interview recruiting candidates. As advocates for education and training for their specialties, they

often serve as points of contact for Medical Department education programs and conferences. Committed to the provision of safe, high quality patient care, they assign specialty reviewers for medico-legal reviews and serve as subject matter experts on Professional Case Review Panels. They are engaged in the review and revision of Navy Medicine policies and procedures related to their specialties, disseminate policy and guidance to community members, and respond to myriad taskers requiring clinical expertise.

One of the most important functions of this position is to serve as a conduit for communication between the nursing community and higher echelons of leadership. NC Officers can assist specialty leaders by ensuring they are actively engaged as a member of the community email or LISTSERV group, participating in community meetings, and following specialty group pages on the [NC milSuite site](#).

In addition, specialty leaders provide regularly scheduled bi-annual briefs to the Director of the NC and senior nursing leaders. They will be participating in the second annual Specialty Leader Symposium to be held 12-15 February 2019 at the Defense Health Headquarters to collaborate with active and reserve NC counterparts and receive timely briefs on pertinent topics from the NC, Navy Medicine, and the Defense Health Agency leadership. We look forward to another outstanding symposium with many lessons learned to be shared with our communities.~



Specialty Leader Update: PNP/Mental Health Nursing (1930/73)



Salee Oboza, CDR, NC

Specialty Leader, 1930/73

Greetings from the Psychiatric Nurse Practitioner and Mental Health Nursing Community. **LCDR Braybrook** and I are excited to provide you with an update on what's been happening within our community and our accomplishments.

The promotion boards were phenomenal this year with **CAPT(s) Byers**, **CDR(s) Abanes**, **Braybrook**, **Galera**, **Hoyos**, **Lopez**, **Sorenson** and **LCDR(s) Lewis** and **Manko** selected for promotion. We are proud of our members and their continued rise to the top. Congratulations! **CDR Baudek** and **LCDR Graham** are holding leadership positions previously held by psychiatrists as Directors for Mental Health in NH Jacksonville and NH Beaufort. As our embedded mental health billet opportunities grow, our nurses answer the call and meet the patients where they serve. **LCDR Myers** reports to Sasebo, Japan, in November, and two more future opportunities will become available in

Coronado and Norfolk serving the Surface Fleet.

Members of our community continue to blaze the trail and actively participate in new initiatives. **CDR Littlefield**, **LCDR Braybrook**, **LCDR Poteet**, **LCDR Urban**, **LCDR Heywood**, **LT Smith**, and **LT Breedlove** are all part of the Defense Health Agency's Women's Mental Health Subcommittee. This group is focused on ensuring the healthcare needs of active duty women serving in a predominantly male-centric military are addressed.

The number of professional certifications increase, with **LTJG Jones**, **LTJG Manganello**, and **LT Tindall** becoming board certified as Psychiatric Mental Health Nurses; **CDR Barber** earning a Master Psychopharmacologist Certification from the Neuroscience Education Institute, and **LTJG Morris** earning certifications as an Addictions Registered Nurse and Psychiatric Mental Health Nurse. Beyond the military and active duty service, members of our community expand their reach in civilian practice. **LCDR Abanes** serves as a Member at Large with the American Psychiatric Nurses Association (APNA) California Chapter, and **LCDR Lopez** was selected for the APNA "Excellence in Leadership" award, the first Navy Nurse to receive this honor. She will be presented this award during the APNA annual conference at the end of October.

An accomplishment I'm most proud of is our timely communication within the community through "just-in-time" updates

via emails and milSuite posts, which have improved standardization of practice and established a free-flow of information sharing. A subcommittee, led by **CAPT Lord**, has formed to tackle the newly published Joint Commission Environment of Care standards for care of psychiatric patients outside of the inpatient mental units. Members of this subcommittee are **LCDR Ricketts**, **LCDR Heywood**, **LT Guzman**, **LT Mack**, and **LT Smith**, who have volunteered to ensure that our mental health nurses have a repository of reference information and are promoting best-practices to standardize care. And finally, **LCDR Smith** has been working on a milSuite project to plot out our billet locations on a map for increased visibility and awareness. [Find the map below and more on milSuite!](#)



RDML Davidson held a call with the community on 9 October, which was a success. We discussed DUINS; the growth of the community, including a Nurse Educator track in the future to continue to develop our 1930s; and the submission of a Decision Paper to strengthen the orientation program for mental health nurses. If you have other ideas or topics of concern, please don't hesitate to email me or [visit our milSuite page](#).~



Operational Community Exemplifies Readiness

Angelo Lucero, CDR, NC

Operational Specialty Leader

Harry Hamilton, CAPT, NC

Assistant Specialty Leader

Operational Readiness is a cornerstone of Navy Nursing. To be successful downrange, whether as a Navy Manpower in Support of Marine Corps nurse or serving aboard one of our surface ships, requires today's Navy nurses to perform at the top of their game. Professional expertise reflects only one facet of Operational Readiness and goes beyond proficiency in a chosen nursing specialty.

Successful operational readiness encompasses three levels, the individual, the unit, and the operational forces. It incorporates a sound understanding of what it means to be interoperable and how to interact with our sister services, interagency entities, partner nations, and other non-governmental organizations. Operational readiness involves developing the medical capabilities to provide optimal health services anytime, anywhere in support of our nation's military mission (Health Readiness Concept of Operations 2010). Some of these medical capabilities include, but are not limited to, Fleet Surgical Teams (FST), Expeditionary Medical Facilities (EMF), Shock Trauma Platoons (STP), Flight Nursing and Enroute Care (ERC) billets, Ship's Nurse on an aircraft carrier, or a Casualty Receiving and Treatment Ship (CRTS), and Forward Resuscitative Surgical Systems (FRSS). Navy nurses are integral members of these

operational platforms and gain invaluable governance in living true to the Navy Nursing Professional Practice Model.

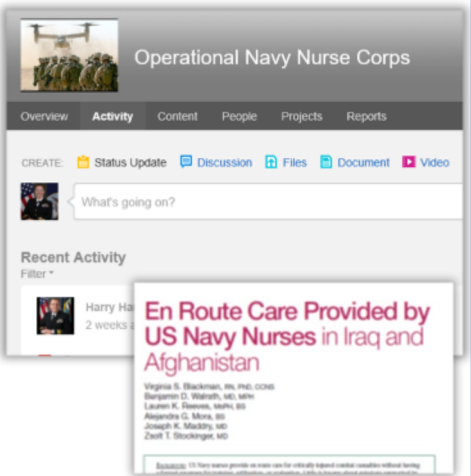
We would like to congratulate the FY19 Navy Nurse Corps operational billet selectees and wish all of them success on their upcoming operational tours. It was a competitive selection group this year and in the end, all candidates were placed in one of their top three operational platform choices. Your professionalism and dedication to the Navy Nurse Corps shows in your commitment to serve.

As we come to the end of FY 18, we would like to use this opportunity to remind you that it is never too early to discuss with your chain of command your interest in operational nursing. Talking to your detailee is highly encouraged and we are always available to discuss operational billet specifics with you or direct you to a current operational nurse who can. The milSuite Operational Nursing page is also available for community discussions and is packed with the latest and greatest operational nursing news and guidance.

Each year, during the March-April timeframe, the nursing operational detailee drafts the following calendar year (January through December) operational billet needs. Once the operational detailee and operational specialty leader review billet opportunities for the upcoming year, the operational billets are posted on milSuite. The requirements for an operational billet application consist of the following: current curriculum vitae (CV), a personal statement describing why you

think you should be selected, and letters of recommendation by your current command. The letters of recommendation should include, at a minimum, submissions by your Department Head, Division Officer, and the Senior Nurse Executive. You are asked to pick your "top three" choices based on operational billet openings and optimal match based on to your Subspecialty Code (SSC), Additional Qualifying Designator (AQD), past and current assignments, billet requests, and PRD (month/year). This is a highly dynamic process and the selection board process normally takes a few weeks. Once selections have been identified, names are forwarded to the senior detailee and notifications of the candidates begin.

We are proud and honored to represent the operational community and your commitment in supporting the Warfighter. For additional information and periodic operational billet opportunities, please check out the [Operational Navy Nurse Corps Website](#) or contact the Operational Specialty Leader (OSL) CDR Angelo Lucero and/or Assistant OSL, CAPT Harry Hamilton.~



Navy NATO Role 3 MMU Sierra Rotation, Signing Off

F. L. Huss, CDR, NC

Director of Nursing Services

C. J. Gantt, CAPT, NC

Commanding Officer

The Navy NATO Role 3 Multinational Medical Unit (MMU) Sierra rotation's seven-month deployment is coming to an end with Tango rotation waiting in the wings. We have many accomplishments to reflect upon and celebrate as we continue to provide the "Best Care, Anywhere!" across Southern Afghanistan. We regularly hear from U.S., Coalition, and Afghan operational forces leaders that they fight knowing that the Role 3 is "always ready."

With only seven days of down time from inpatient care throughout our deployment, Sierra's nurses exceeded their own expectations about this combat zone assignment in several ways. During a two-week period in July, our Emergency Department, perioperative, and inpatient nursing staff provided nursing care for eight consecutive days with "all hands on deck" as we cared for several critically-ill patients in the Inpatient Care Unit.

The nursing staff continued to charge on even after a "Green on Blue" attack, where one U.S. Soldier lost his life and others were wounded. Additionally, we treated the Afghan perpetrator. Despite the emotional challenges, the care provided by the Role 3 team, especially Sierra nurses, may decrease this type of attack in the future by using information that security experts obtained from the patients treated.

August roared in like a lion with multiple casualties arriving at the Role 3. At one point, we had two Mass Casualties (MASCAL), which taxed our system with up to 10 patients, including five ventilated high-acuity patients. As always, our team performed admirably, especially our awesome Navy Nurses! They were also active participants at multidisciplinary care conferences involving difficult decisions for our severely wounded patients.

In the midst of this busy time, Sierra nurses continued to go above and beyond their appointed duties. Specifically, nursing led the way in coordinating NATO Role 3's increased collaboration with Kandahar Regional Military Hospital (KRMH) as we worked with the Army's Kandahar Military Advisory Team. Sierra's medical, nursing, and ancillary staff conducted a comprehensive evaluation of KRMH's facilities, medical and nursing departments, nurse training needs, and KRMH MASCAL operations. These outside-the-wire missions were critical in improving the care provided by KRMH personnel as they continue to assume the care of more of the casualties. Sierra rotation conducted 13 movements for a total of 144 hours to travel to KRMH, providing 22.5 hours of training to 102 nursing officers, medical officers, medics, and Afghan nursing students.

Ensuring sustainability, Sierra nurses developed a Plan of Action and Milestones report for subsequent rotations to build upon in order to facilitate a



The ICU at the Kandahar Regional Military Hospital is run by Afghan military and civilian medical professionals. The hospital provides medical care for Afghan National Defense and Security Forces and civilians. September 2018/Released.

seamless transition between Role 3 rotations and future KRMH collaborations. The Sierra rotation also developed a formal KRMH training library that includes 11 training sessions taught by the Role 3 nursing and medical staff, as well as additional new lesson plans for future Role 3 rotations to use during their missions. It has been a tremendous honor and learning experience as Navy Nurses directly supported the Train, Advise, Assist Command-South's mission!~

Read more about the US and Afghan medical collaboration here: [U.S., Afghan Health Professionals Work to Improve Medical Care](#)



CAPT Cynthia Gantt, commander of the NATO Role III Multinational Medical Unit, talks to the Kandahar Regional Military Hospital commander at the Role 3 in Kandahar Airfield, Afghanistan, Sept. 17, 2018. Army photo by Staff Sgt. Neysa Canfield/Released.



Nurse Corps News

Volume 12, Issue 5 ~ September/October 2018

Have You Considered a Non-Traditional Assignment?

Iris Boehnke, CAPT, NC

Head, NC Assignments

Once you've established a solid nursing foundation, why not consider something outside of the hospital or clinic? After all, isn't that one of the reasons you joined the Navy? Opportunities exist in a variety of areas and each has different criteria related to rank and experience. Some billets are nominative and require careful screening while others are simply detailing actions. So...what makes you a good candidate and when should you consider one of these assignments?

Consider the area of nursing you have chosen to specialize in. Some assignments, such as flight nursing, carrier nursing, and White House Medical Unit are only available for critical care (ICU) and emergency (ER) nurses. Other assignments such as Fleet Surgical Teams are also available for perioperative and nurse anesthesia. Tours with the USMC Medical Battalions are open to ICU, ER, and medical-surgical nurses.

Do you enjoy teaching? Are you an expert clinician? Why not consider one of the many instructor billets with one of the Corpsmen school houses in San Antonio? Or perhaps an assignment with the Navy Medicine Operational Training Command or Uniformed Services University of the Health Sciences?

Do you love the Navy and want to ensure we continue to bring in the best of the best? Consider a Recruiting tour.

Are you interested in making a difference on a larger level? Do you work well independently and

with a team? Are you well organized? Do you have a diverse assignment history? Consider a tour with the Bureau of Medicine and Surgery (BUMED), Defense Health Agency, Navy Personnel Command, one of the regional commands (e.g., NAVMED East or West), or perhaps an operational headquarter tour with the fleet or Marine Corps.

So, when is the right time in your career for one of these tours? Consider your current command. How large is your peer group? Have you broken out of the pack? Many of these non-traditional tours are small peer groups, so you want to go in with a strong record.

Are you a member of an undermanned community and/or receiving specialty pay? If so, some of these non-traditional roles may not be an option as your skillset may be needed within your specialty.

Ready to learn more? Don't hesitate to call, email, or visit the Navy Personnel Command Website and [our milSuite site](#). We are standing by to assist.~



Meet your Detailing Team!

CAPT Boehnke – 06's (except practitioners), Executive Medicine (CO, XO, OIC, DNS), DHA/BUMED, manpower, ed. training, research, War College
CDR Malloy - 05's, all practitioners, perioperative community, senior operational billets
CDR Link – 03's and 04's (except practitioners), junior operational (FST's, USMC, Carriers), White House Applicants, DUINS
LCDR Lanier – new accessions, 01's and 02's (except practitioners), recruiting

Fair Winds and Following Seas!



ATLANTIC OCEAN (Oct. 13, 2018) – The hospital ship USNS Comfort (T-AH 20) transits south on an 11-week medical support mission to Central and South America as part of U.S. Southern Command's Enduring Promise initiative. Working with health and government partners in Ecuador, Peru, Colombia, and Honduras, the embarked medical team will provide care on board and at land-based medical sites, helping to relieve pressure on national medical systems caused partly by an increase in cross-border migrants. The deployment reflects the United States' enduring promise of friendship, partnership, and solidarity with the Americas. (U.S. Navy photo by Mass Communication Specialist 1st Class Scott Bigley/Released)



A Perspective on The Naval War College Experience



Shane Lawson, CDR, NC

Assistant Specialty Leader Nurse Anesthesia (1972)

Attending the Naval War College in Newport, Rhode Island, was an outstanding career-enhancing experience. I received orders to the College of Naval Command and Staff (CNCS) as a resident student in July of 2017.

The CNCS core curriculum is made up of three trimesters: Joint

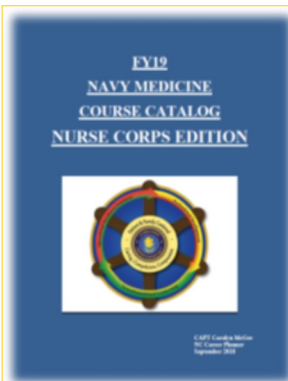
Maritime Operations, Theater Security Decision Making, and Strategy and Warfare. In addition, students select one elective each trimester.

Joint Maritime Operations focuses on the joint warfighter at the theater-strategic and operational levels of war. We fought our simulated war over a couple weeks. The experience was a great introduction to joint planning. The Theater Security Decision Making curriculum examines international and regional security issues, the U.S. policy environment and influences, and decision making. Strategy and Warfare is what most people think of when someone says Navy War College. We researched previous wars and attempted to determine the relationship between war's purpose, objective, and means.

We selected one elective each trimester. These electives could range from a history of

George Washington to Special Operations. I chose electives that were medically-related or I felt would help me as Assistant Specialty Leader. Students were able to take associated courses and earn additional AQDs.

There was a lot of reading and writing; however, in 10 months, we completed our Joint Professional Military Education Phase 1. Additionally, I earned a Master of the Arts degree in Defense and Strategic Studies, while wearing business casual and enjoying the beautiful Rhode Island weather. Most importantly, I spent time sharing ideas with incredibly accomplished professionals from the Navy, Marine Corps, Air Force, Army, State Department, CIA, Homeland Security and Foreign Navies. I am thankful for this opportunity and look forward to using what I've learned to advance Navy Medicine in the joint operational environment.~



Naval War College (page 24)

Course Description: The United States Naval War College (USNWC) in Newport, RI, is an accredited 10-month post graduate course of study in the joint service, interagency, and international environment. Professional military education programs are rigorous and designed to prepare the O-5 to O-6 U.S. Naval Officer to develop strategic solutions to complex problems in the current and future National Security environment. The resident War College experience builds a cohesive group of professionals engendering trust and confidence in each other creating a lifelong network of expertise. The leaders are a cross-section of operationally savvy warfighters from all services, U.S. agency professionals, to include the State Department, Homeland Security, CIA, and international officers from over 60 nations. The curriculum is comprised of three core courses of study:

Strategy and Policy, National Security Decision Making, and Joint Military Operations. Electives are pursued during each trimester customizing your area of focus. The USNWC awards a Master's degree in National Security and Strategic Studies.

Process: If interested in attending, please contact the Nurse Corps detailer at Navy Personnel Command.

U.S. NAVAL WAR COLLEGE

Est. 1884

NEWPORT, RHODE ISLAND



Intermediate Leadership Course

Virginia Sullivan, LCDR, NC NMC San Diego

For those looking towards a future in executive nurse management, the Intermediate Leadership Course is a step in the right direction.

Besides Officer Indoctrination School, also known as Officer Development School, there are few diversified military leadership classes available for the junior Nurse Corps Officer. The Intermediate Leadership Course is one of a kind, and an absolute must for all the middle level managers looking to grow into effective leaders.

The class starts off with pre-course homework; a Meyer's Briggs evaluation done prior to arrival. The "test" results are revealed on the first day, and for those self-aware, the results are spot on. For others, the outcomes left questions that could be debated, discussed, and further analyzed for the entire week. The class structure is set up so that there are few rules: be on time, let work remain at work, and leave on time. When was the last time you left work- ON TIME,

with extra time to fit a workout into your day...and still be productive!?

For a Medical Staff Corps Officer, the class was full of variety: pilots, surface warfare officers, recruiters, public affairs officers, and even a Special Forces officer. Men, women, young, not-so-young, and ranks ranging from 0-2 to 0-4. This diversity allowed for vibrant discussion among peers with wide ranging leadership experiences; both officer and enlisted. The class was led by three officers, two pilots and a surface warfare officer. These officers described themselves as "facilitators." Their role was to facilitate discussion on situational leadership and coordinate guest speakers. The program was run by the class.

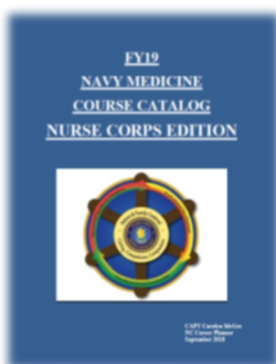
There was time for team building, decision making debates, and most importantly, personal reflection. This class is not about writing fitness reports,

mastering enlisted management, or interpreting the UCMJ. This class is about leadership. It's more foundational in nature, starting with the core concepts from Aristotle, Cicero, and Plato. The class resonates with theories on visionary direction, effective communication, and first follower leadership.

Without the military guest speakers, the uniforms, or the obligatory coffee mess, this class could be taught in any organization that encourages leadership training. This class inspired me to strive to be a transformational leader; "somebody that someone wants to be." ~



July 2018 - (San Diego, California) Nurse Corps representation at the Intermediate Leadership Course. Photo by LCDR Robyn White/Released.



Intermediate Leadership Course (page 9)

Course Description: The purpose of this class is to prepare officers in the ranks of (senior) Lieutenant and Lieutenant Commander for increasing levels of leadership responsibility. As officers advance in their careers, the focus shifts from being one's own leader to be a leader of others. The week is structured to reflect this transitional path – beginning Monday and Tuesday with AWARENESS: self-awareness of personal styles and leadership approaches, as well as awareness of others' styles. As the week progresses, the focus moves to becoming part of a successful leadership team and supporting the success of the command triad in accomplishing the mission.

Funding: Participant's command.

Process: Students request to register with the Staff Education and Training department; or with their unit Training Officer for those who are not in medical treatment facilities. Students need to register for classes at least 5 weeks prior (schedule listed in the Catalog).



How to Have a Great Interview

Melissa Troncoso, CDR, NC

**Administrative Fellow
Nurse Corps (M00C3)
BUMED**

While an applicant's package (content and presentation) gives the interviewing body an overview of an individual's accomplishments and expertise,

the interview can strongly influence the final decision. Throughout your career, you may be given an opportunity to interview for leadership positions and your preparation is vital to success. Below are some tips that I gleaned from my observations as a recorder on an executive level screening

board where candidates were interviewed.

Having an exceptional interview does not always guarantee that you will get the position. However, putting your best foot forward will serve you well in the long-run. You never know how you may be positioning yourself for the future. ~

1. Answer the question. I know this seems obvious, but it's not. Unless given the opportunity by the interviewer to elaborate, refrain from talking about what YOU think is important. You were asked the question for a reason, so demonstrate your ability to comprehend a query and provide a proper response.

2. Don't pontificate. Interviewees can get hung-up in one of two places: (1) They feel the need to rehash their CV, or (2) They finally have an audience and want to share everything. Remember, the interviewer is probably a very busy person with expertise on the job you are applying for. Vocalizing your resume wastes both parties' time. When answering the question, be accurate, be brief, and be concise.

3. Be calm and confident. You made it to the interview! It is highly likely that you were selected because your package stood out. The interviewers want to know more about you and your potential in the desired position. They understand that the interview process can be anxiety producing and intimidating. They want you to be successful! What better opportunity could you have to show how you will lead and operate under pressure? As an aside, self-deprecating statements that undervalue your worth or abilities do not lighten the mood, and generally make everyone uncomfortable. Avoid them at all costs.

4. Tell a good "story." Be engaging and inspiring. Narratives are a great way to engage your audience, express ideas, and showcase your personality. Make sure your story adheres to tips one and two above.

5. Be yourself, everyone else is taken. Every individual has a unique skillset to bring to a position. Two individuals may have very similar resumes, but one may stand out to be the best fit for a job. If you present a false image early on and are accepted for the job, you will have to work twice as hard keeping it up. Instead, be your authentic self. What will you bring to the position? How will you lead? You just might be what the board is looking for.

6. When you are given a little extra rope, use it wisely. Don't hang yourself. If the interviewer asks you to expound on a question, take a brief moment to reflect and "read the room." Did you not answer the question? Are they interested in your story and want to hear more? Are you being vague and elusive? Are they hoping you will finally come around to the right answer? Sometimes adding a little more granularity and insight can provide the interviewer with what he or she is seeking.

7. Be prepared. Have a good understanding of the expectations and responsibilities of the position for which you are applying. Know the key messages and relevant information pertaining to the position. Practice the interview with experienced leaders and interview in the format that it will be conducted (in-person vs. phone). If the interview is done by phone, behave as though it is in person. Believe it or not, body language and demeanor can be perceived via phone.~

The Nurse Corps News Team gives a huge thank you to CDR Melissa Troncoso for the guidance she has provided for the last three years and wish her the best on her next adventure!



Nurse Corps News

Volume 12, Issue 5 ~ September/October 2018

Nurse Corps Nurses Reach 100 Years Young!

Captain (ret.) Geraldine Houp, NC, USN turned 100 on June 18, 2018. She served from April 1942 to November 1969, during WWII, Korea, and Vietnam. CAPT Houp is a member of the [Washington Metro Navy Nurse Corps Association](#) (WMANNCA). Claire Pagliara-Miller of the WMANNCA presented CAPT Houp with a Quilt of Valor on July 21, 2018.

"A distinguished military career as a nurse almost seems a fluke for a woman who only went to accompany a girlfriend to a recruiter's office in 1942 at the height of World War II. The girlfriend was intent to serve, but that wasn't Gerry's mindset, even though she was encouraged to do just that. Ultimately, Gerry felt duty called, so she signed up. She was accepted. The girlfriend, for health reasons, wasn't.

"It was a time everybody was doing something for the country," Gerry said matter-of-factly."

Excerpt from CAPT Houp's 100th birthday interview; [you can read it here.](#)



Photos courtesy of Reading Eagle, Susan L. Angstadt and Araminda Houp (Published May 29, 2018).



Submitted Photo
Capt. Mary Kovacevich of the U.S. Navy nurse corps works at the U.S. Naval Hospital in Great Lakes, Ill., in 1970. Her Navy nurse career spanned three wars, from 1944-70.

Captain (ret.) Mary Kovacevich, NC, USN will turn 100 on October 27, 2018. The family's celebration was held in Bessemer Michigan on August 4th. CAPT Kovacevich was one of 11 children born to immigrants from Croatia. Her father served in WWI for the U.S. and her brothers Joe, George, Thomas, Nicholas, and Frank all served in the Army during WWII. Her niece Joan, daughter of Nicholas (who earned two bronze stars and two purple hearts) arranged the recognition for her aunt. CAPT Kovacevich's other brothers Frank and Tom are also purple heart recipients. The military was very important to "Aunt Mary" and to all of her siblings during their lives.

CAPT Kovacevich's career spanned WWII to Vietnam. She enlisted in 1944, was discharged to the Reserves, then recalled to active duty for Korea. She stayed in and was posted to the U.S.S. Repose after serving as Assistant Chief Nurse on Guam from 1964-1965. She served as Chief Nurse on the U.S.S. Repose off the coast of Vietnam. She was promoted to Captain in 1968, a year after the Navy opened the rank to nurses. She retired in 1970 with 27 years in the Navy.

Ms. Blondina Porter (former Lieutenant, NC, USN) turned 100 on August 15, 2018. She joined the Navy Nurse Corps in August 1942. She volunteered her service just eight months after the attack on Pearl Harbor, which was during a very difficult time in our nation's history.

A segment of a letter by **RDML Tina Davidson**, read at her Birthday Celebration, expressed gratitude for her service.

"From the battlefield of Attu Island, Alaska, to hospitals and clinics on both US coasts and in Hawaii, your service as a Navy nurse made a difference, touching countless lives while blazing a path for future Navy nurses and our Navy Nurse Corps."

Porter was honorably discharged from the Navy in 1948. According to her son-in-law, Porter's most challenging assignment was being stationed on Attu in the Aleutian Islands after the island was retaken from the Japanese.~



San Antonio, TX: (L to R): LT Victoria Holzhapfel, LT Kelly Fulks, CDR Jesus Crespo-Diaz, LT Lachean Petty, and CAPT Maryann Mattonen. Seated is Ms. Blondina Porter. (Taken 15 August 2018 at Brookdale San Antonio Senior Living/Released).



MHS Nursing Leadership Excellence Awards

Carolyn McGee, CAPT, NC

**Assistant Director,
Career Plans**

The annual Military Health System (MHS) Military and Federal Civilian Nursing Leadership Excellence Awards were established to honor Registered Nurses who have demonstrated exemplary leadership and skill. Award winners in the junior and senior categories are selected by Joint selection committees of military and civilian nurses. In the junior categories, there is a military and civilian winner from each Service. The 2018 MHS Military and Federal Civilian Leadership Excellence Award Winners are:

Navy Junior Military: Lieutenant Commander Michael Rucker

LCDR Michael Rucker is a Certified Registered Nurse Anesthetist (CRNA) at NMC Portsmouth (NMCP). His previous awards include NMCP Junior Nurse Corps Officer of the Year (2007), Uniformed Services University of the Health Sciences (USUHS) Distinguished Academic Performance Award (2016), and NMCP Senior Nurse Corps Officer of the Quarter (3rd Quarter FY18). Since becoming a CRNA, LCDR Rucker has provided enroute care for critically-ill patients during hurricane relief efforts in Puerto Rico, chaired the NMCP Procedural Sedation Committee, and assumed the Assistant Clinical Site Director position for the USUHS-NMCP nurse anesthesia clinical site. In addition, LCDR Rucker founded the Marilyn Logsdon Meredith Nursing Scholarship for pre-nursing high school students in Shelbyville, Kentucky.

Navy Junior Civilian: Ms. Andrea Ward-Wiley

Ms. Ward-Wiley is the Clinical Nurse at Naval Branch Health Clinic Fallon where she is the sole triage nurse for 2500 beneficiaries. She has a Bachelor of Science degree in Nursing and a Master of Science degree with a concentration in Forensic Science. She is certified as a Sexual Assault Nurse Examiner for Adults and Adolescents and has presented and published in various forums on the topic of sexual assault prevention and response. Ms. Ward-Wiley has worked toward a unified plan for sexual assault medical management across all three Services, and coordinated standardization of the Air Force's Sexual Assault Medical Response Programs worldwide. She is a former Navy Nurse Corps Officer with previous assignments at Naval Medical Center Portsmouth and Joint Medical Group Guantanamo Bay.

The following Navy military and civilian nurses were nominated this year:

Senior Military Category

CAPT Sara Pickett, NHC Oak Harbor
CAPT Dennis Spence, USNH Guantanamo Bay
CAPT Kimberly Taylor, NHC Corpus Christi
CDR Accursia Baldassano, NHC Cherry Point
CDR Jennifer Buechel, NMC San Diego
CDR Julie Conrardy, NH Jacksonville
CDR James Reilly, Navy Medicine West
CDR Michele Waara, Navy and Marine Corps Public Health Center

Senior Civilian Category

Ms. Jeannine Hardwick, NHC Corpus Christi

In the senior categories, there is only one overall military and civilian winner. This year, the senior military and civilian winners both came from the Air Force:

Senior Military: Colonel Linda Hagemann
Senior Civilian: Ms. Kathy Williams

Junior Military Category

LCDR Willie Barksdale, USNH Naples
LCDR Amy Bouvier, NHC Oak Harbor
LCDR George Brand, Navy Medicine Operational Training Center
LCDR Connie Braybrook, NBHC Fallon
LCDR Dagoberto Salinas, NH Jacksonville
LCDR Vanita Williams, NH Bremerton
LT Shannon Evans, USNH Yokosuka
LT Eugene Mamaril, USNH Guantanamo Bay
LT Samuel Onwujiobi, USNH Guam

Junior Civilian Category

Ms. Krista Bureckhardt, NHC Oak Harbor
Ms. Amy Cordova, NHC Annapolis
Ms. Cornelia Lynn Eichhorn, NHC Charleston
Ms. Patricia Gill, NH Jacksonville

LCDR Rucker and Ms. Ward-Wiley will receive their awards in November at the AMSUS Annual Awards Banquet. Congratulations to the winners and to all nominees, and thank you to all the leaders who submitted nominations this year!~



USNH Okinawa Recognized as National Diabetes Prevention Program

Tim Whiting, LCDR, NC

USNH Okinawa, Japan

In the past 100 years, the leading causes of death for Americans have shifted from infectious to preventable chronic diseases. This transition has placed an emphasis on the behaviors that contribute to preventing chronic diseases. Obesity and associated chronic health conditions cause significant morbidity and negatively impact military readiness. Sixty-one to 83% of Department of Defense (DoD) beneficiaries and 78% of Veterans are overweight or obese, and excess weight is estimated to cost at least \$370 per patient per year in additional medical and non-medical costs ([VA/DoD Clinical Practice Guidelines Management of Obesity and Overweight, 2014](#)).

At USNH Okinawa, the Health Promotion & Wellness team set up a diabetes prevention program to implement an evidence-based approach to addressing obesity. The objective was to get participants in the program to lose 5-7% of body-weight with a goal of decreasing risk for Type 2 diabetes. Research published in the New England Journal of Medicine showed that people with pre-diabetes who take part in a structured lifestyle change program can cut their risk of developing Type 2 diabetes by 58% (even higher for people over 60 years old). This finding was identified in people who lost 5-7% of their body weight through eating healthier and completing 150 minutes of physical activity a week. For a person who weighs

200 pounds, 5-7% of body weight is just 10 to 14 pounds. It doesn't take a drastic weight loss to make a big impact. Our integrated practice team makes it easier for people with prediabetes, Type 2 diabetes, or other chronic disease conditions to participate in an evidence-based, high-quality lifestyle change program to reduce their risk for multiple chronic disease conditions and improve their overall health.

The diabetes prevention program at USNH Okinawa stems from the Diabetes Prevention Act of 2009, which directs the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to establish a national diabetes prevention program targeted at persons at high risk for diabetes. To ensure high quality, the CDC recognizes lifestyle change programs that meet certain standards and lead to demonstrated results. These standards include following an approved curriculum, facilitation by a trained lifestyle coach, and submitting data every six months

to show that the program is having an impact. The CDC granted permission to the USNH Okinawa team to rebrand the curriculum, and locally, the program is known as "Changing Course." Changing Course is not a fad diet or an exercise class. It's a year-long program focused on long-term changes and lasting results. On September 11th, the Changing Course program started its 18th class since August of 2016, and has enrolled over 180 Tricare beneficiaries, including active duty from all services on Okinawa, family members, and retirees. On July 31st, 2018, as a result of the work that our participants put in to make impactful lifestyle change, USNH Okinawa and the Changing Course program became the first military healthcare facility in the DoD to be fully recognized by the CDC as a National Diabetes Prevention Program. It is our hope that the path we have created will inspire other military healthcare facilities to follow suit and commit to establishing similar programs that have a positive measureable impact.~



Okinawa, Japan (October 2018). The Prevention Wellness Team of USNH Okinawa, HM3 Pual Agno, HM3 Yannick Moise, RN Christie Bucuo, Intern Ashley Bellotte, and HM3 Katellynn Boyle. Photo taken by HM1 Nicole Gacayan/Released.

Okinawa, Japan (October 2018). From right to left, HR Ryan Troise, HM3 Yannick Moise, RN Christie Bucuo, and Intern Ashley Bellotte working together for a travel clinic. Photo taken by HM1 Martin Salazar/Released.



NMC Portsmouth NICU Nurses Receive Spot Awards

Annastasia Masso, LT, NC

NMC Portsmouth

NMC Portsmouth Neonatal Intensive Care Unit (NICU) nurses receive spot awards for their initiative and dedication to providing outstanding patient and family-centered care.

LTJG Barbara Kent and **Mrs. Catherine Brown**, a prior Army Nurse Corps Officer, led a team of Active Duty and Civilian nurses and Corpsmen in initiating the NICU's "Four Disciplines of Execution," also known as 4DX, project to increase patient satisfaction. After recognizing a gap in education that periodically led to parents of NICU babies missing important steps prior to discharge, LTJG Kent and RN Brown went above and beyond by creating "Passports to Discharge" and "Roadmaps to Discharge" for every patient in the NICU. The "Passports to Discharge" allow parents to get a stamp on each page as they complete required steps prior to discharge (i.e., enrollment in DEERS, obtaining home medical supplies, and attending discharge classes). The "Roadmaps to Discharge" are kept at the patients' bedsides and each stepping stone represents a milestone the patient must meet prior to discharge (i.e., advancing to room air, taking full oral feeds, and passing car seat evaluations). Each time the patient meets a milestone, the parents participate in checking off that stepping stone on the chart, which provides them a quick snapshot of the progress their infant has made on the path to discharge.



Portsmouth, VA: (L to R): CAPT Dixie Aune, HM3 Jessica Young, Ms. Karmelia Shepperson, LT Annastasia Masso, CDR Timothy Brender, Mrs. Catherine Brown, Ms. Elizabeth Phelps, LTJG Barbara Kent, Dr. Collette Grabill, LTJG Shawnt'a Johnson, HN Alexander Zuniga. (Taken 18 September 2018 by LTJG Kent's spouse/Released).

LTJG Kent and RN Brown provided education to all NICU staff and kept motivation and enthusiasm for this project so high that NICU staff compliance exceeded unit goal, reaching 94% compliance in half the predicted time. NICU parents have expressed their appreciation for these easy-to-follow tools and

their enjoyment of being able to take them home as keepsakes of their newborn's first few weeks of life. LTJG Kent received a spot Navy and Marine Corps Achievement Medal and RN Catherine Brown received a spot Navy Meritorious Civilian Service Award for their hard work and dedication.~

(Portsmouth, VA) LTJG Kent was presented with the Navy and Marine Corps Achievement Medal by NMC Portsmouth Commanding Officer, Captain Christopher Culp, MC, USN/Released.



Share your Story!

The NC News Team would love to publish your adventures! Submit your pictures/articles through your chain of command, then to your Nurse Corps News team. [Find us on milSuite!](#)



Bravo Zulu!



Certifications

CAPT Carol Hurley, BUMED, achieved her certification as a Nurse Executive, Advanced Board Certified (NEA-BC).

CDR Holly Perez, NMC Camp Lejeune, achieved her certification as a Nurse Executive, Advanced Board Certified.

LCDR Amy Clark, NMC Portsmouth, received her certification as a Pediatric Clinical Nurse Specialist (CNS).

LCDR Kim Hendricks, NMC Portsmouth, obtained her certification as a Pediatric Critical-Care Nurse through the American Association of Critical Care Nurses (CCRN-P).

LCDR Christopher A. Johnson, NMC Portsmouth, obtained Board Certification as a Family Nurse Practitioner and Women's Health Nurse Practitioner.

LCDR Lani A. Kuhlow, USNH Guam, obtained her certification as a Critical Care Nurse (CCRN).

LCDR Nick Perez, NMC Camp Lejeune, achieved his certification as a Nurse Executive (NE-BC).

LT Charles Campbell, WRNNMC, earned his certification in Operating Room Nursing (CNOR).

LT Trishia Carinio, NMC San Diego, obtained certification as a Medical-Surgical Nurse (CMSRN).

LT Calina Coronado, NMC San Diego, obtained her certification as an Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC).

LT Shannon L. Evans, Navy Recruiting Command, is now an International Board Certified Lactation Consultant (IBCLC).

LT Elsie Garcia, NH Jacksonville, obtained her Ambulatory Care Certification (ACNC).

LT Matthew Johnson, NMC San Diego, obtained his certification as a Pediatric Nurse (CPN).

LT Sekiya Johnson, NHC Cherry Point, obtained her certification as a Project Management Professional (PNP).

LT Philomena Kahler, NMCSO, has earned her certification as an Emergency Room Nurse (CEN). She is currently deployed with NATO Role 3 MMU.

LT Samantha Knight, NH Jacksonville, obtained her Adult Critical Care certification.

LT Maggy Mitzkewich, a CNS at NMCSO, obtained her Certification as an Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG).

LT Melissa Muna, USNH Sigonella, obtained her Inpatient Obstetric Nursing (RNC-OB) and Electronic Fetal Monitoring certifications (C-EFM).

LT Jennifer Spain, WRNNMC, obtained her certification in Operating Room Nursing.

LT Andra Wilke, NH Jacksonville, received her certification in Electronic Fetal Monitoring.

LT Kourgee Williams, USNH Sigonella, obtained certification in Maternal/Newborn Nursing (RNC-MNN).

LT Samina Wilson, WRNNMC, obtained her certification in Operating Room Nursing.

LTJG Randall Ippolito, NH Jacksonville, received his Adult Critical Care certification.

Continued on page 18



Bravo Zulu!

Certifications

LTJG Nathacha Avril, NMC Portsmouth, obtained her Medical-Surgical Nurse Certification.

LTJG Kamron Pratt, NH Jacksonville, obtained his Adult Critical Care certification.

LTJG Grace Puglisi, USNH Guam, obtained her certification as an Emergency Room Nurse.

LTJG Justin Valdez, NMC Portsmouth, obtained his Orthopedic Nurse Certification (ONC).

ENS Peyton Huneycutt, NH Camp Pendleton, obtained her certification as an Emergency Room Nurse.

Education

LCDR Jackie Kessler, NBHC Port Hueneme, earned her Master of Science in Nursing from Drexel University.

LCDR Kristie Linder, 1st Marine Logistics Group, Camp Pendleton, CA, earned her Master of Science in Nursing with an emphasis on Leadership in July 2018 from Grand Canyon University.

LCDR Andy Lum, NMC Camp Lejeune, completed the Doctor of Nurse Anesthesia Practice (D.N.A.P.) program in the College of Health Sciences at Midwestern University.

Recognition

Navy Nurse Corps Leadership is pleased to announce the selection of **CAPT Heather King** as the incoming Triservice Nursing Research Program (TSNRP) Executive Director.

The TSNRP is the premiere military nursing research program that sponsors and supports research and evidence-based practice activities for active duty, reserve, and retired nurse scholars. The TSNRP Executive Director is a three-year, highly visible position requiring grant process expertise and an interdisciplinary multi-service collaborative approach spanning a number of research and evidence-based subject areas. CAPT King assumes the position from Col Jennifer Hatzfeld in the summer of 2019.

CDR Julie Darling was named the 2018 Woman of the Year in a special event held at the Westgate Hotel in San Diego, Sept. 25. Out of 150 finalists, Darling was selected for the top award.

Recognized for her vision and leadership, Darling serves as the department head for critical care at NMC San Diego and is the NC Critical Care Specialty Leader.

"I feel like I have such an amazing team, I feel like I've had amazing mentors along the way. The division officers, the clinical nurse specialists, the junior officers, they are the ones who keep me in the game. They help me keep my focus on the end goal. I've been very lucky to be in great places. Our Navy Corpsmen are our life-line," said Darling, who was recently selected for promotion to the rank of Captain. "It's easy to shine when you're surrounded by greatness." [For more on the story, click here.](#)



Congratulations to **LTJG Thomas Bolsega**, NH Jacksonville, for his publication in the Clinical Nurse Specialist journal.

[Bolsega, T. J., & Sole, M. L. \(2018\). Tracheostomy Care Practices in a Simulated Setting: An Exploratory Study. Clinical Nurse Specialist, 32\(4\), 182-188.](#)

